



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 27215 CAMP PLENTY RD, CANYON COUNTRY, CA 91351

TELEPHONE: (661) 542-2708

OWNER OF BUSINESS: RUGWALAI LYNCH

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: KITILAK THAPKAEW

FICTITIOUS NAME: LUX365 THAI MASSAGE

MAILING ADDRESS: 27215 CAMP PLENTY RD, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	09/21/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	06/22/16	nlove
<input checked="" type="checkbox"/> 5. Public Health	YES	06/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/03/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	05/06/16	nlove
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/06/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/03/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

8430  
ID # 143336

BUSINESS INFORMATION

Type of Business: <u>MASSAGE PARLOR</u>	Address of Business: <u>27215 CAMP PLENTY RD, SANTA CLARITA, CA, 91351</u>	
Start Date (Projected): <u>05/04/2016</u>	Business Telephone: <u>661.542.2708</u>	
DBA (Business Name): <u>LUX 365 THAI MASSAGE</u>	Mailing Address: <u>27215 CAMP PLENTY RD, SANTA CLARITA, CA, 91351</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>MAR, 22, 2016</u>	Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name: <u>LUX 365 LLC</u>		
Names of Officers	Addresses	Titles
<u>KITILAK THAPKAEW</u>	<u>[REDACTED]</u>	<u>MANAGER</u>
<u>RUNGWALAI LYNCH</u>	<u>[REDACTED]</u>	<u>OFFICER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>KITILAK THAPKAEW</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>LUX 365 DAY @ GMAIL.COM</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u> Hair Color: <u>[REDACTED]</u> Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 05/04/2016

Applicant's Signature: [REDACTED]

Application taken by: 116

Date: 5-4-16

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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**BUILDING & SAFETY  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval at  
this time.*

SIGNATURE:

*D. Hamill*

DATE:

*5/9/16*

06-10-16;03:38PM;From:LACOFIRE-FS107

To:16612861134

;6612985044

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03:41:24 p.m. 06-09-2016

15/32

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

107

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

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TELEPHONE: (661) 542-2708

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**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 6/10/16

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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OWNER OF BUSINESS: KITILAK THAPKAEW

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NAME OF PERSON FINGERPRINTED:

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**PUBLIC HEALTH  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Z. Martinez*

DATE: \_\_\_\_\_

*5/24/2016*

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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**REGIONAL PLANNING  
SANTA CLARITA**



APPROVAL

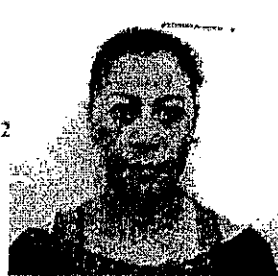


DENIAL

RECOMMENDATION: Ref. 2R approval 07216-276

SIGNATURE: [Signature]

DATE: May 6, 2016



LOS ANGELES  
D TAX COLLECTOR

Box 54970, Los Angeles, CA 90054-0970

16-00522

SS LICENSE  
ON REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

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TELEPHONE: (661) 542-2708

OWNER OF BUSINESS: KITILAK THAPKAEW

Lynch, Rongwala

CAL. DR. LIC. #

NAME OF PERSON FINGERPRINTED:

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### SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

536478

DATE:

9/30/16

BASIC LICENSE NO. 8430

DATE 05/06/16

IDENTIFICATION NUMBER 143336

San TC 9/30

# ZONING REFERRAL

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 140  
SANTA CLARITA, CA 91355

I.D. #: 143336

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355  
FAX (661) 945-3512

MAR 14 2016

PLANNING APPROVAL AS MARKED  
SUBJECT TO ALL APPLICABLE SECTIONS  
OF THE UNIFIED DEVELOPMENT CODE  
CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT

*mpm*  
PLANNING DIVISION

DATE: 3-14-16

TYPE OF BUSINESS(ES) Massage Parlor - General

ADDRESS OF BUSINESS 27215 CAMP A PLENTY RD, CANYON COUNTRY.

CITY \_\_\_\_\_ ZIP CODE 91351

NAME OF OWNER KITILAK THAPRAEW - LUX365 LLC.

"DBA" BLUE SAND ~~THAI~~ MASSAGE MIND & BODY TEL. #: 818.216.4423

MAILING ADDRESS \_\_\_\_\_

EXISTING USE YES (✓) NO ( )

USE PERMITTED IN ZONE Comdor Plan (U) USE NOT PERMITTED IN ZONE \_\_\_\_\_  
"APPROVED" "DENIED"

REMARKS DTZ16-276

*mpm*  
SIGNATURE OF ZONING OFFICER

03.14.2016  
DATE